



PRE-EVENT VACCINATION PLAN

WHAT HOSPITALS NEED TO KNOW

On November 21, 2002, the Centers for Disease Control and Prevention (CDC) issued guidelines for vaccinating core groups of healthcare providers and public health personnel against the smallpox disease. In addition, CDC requested that each state submit a plan by December 9, 2002, indicating a readiness to begin vaccinating.

Vaccinating healthcare providers will allow facilities to provide uninterrupted medical care to smallpox patients. Knowing that they are vaccinated against smallpox, healthcare providers – your employees – will be able to perform their duties without concern for their personal safety.

Smallpox vaccinations would begin when word is received from the President of the United States. The expectation is that this first group of vaccinations, known as Phase I, would be completed within 30 days of the President's directive to begin the process. Therefore, it is necessary to identify the initial staff needed to care for smallpox patients should they come to your facility.

Selecting Your Healthcare Team

- Consider the patient population you serve.
- Consider the services you provide, such as ICU or pediatrics.
- Consider staff workloads, schedules and vacations.
- Select enough team members to provide care to a smallpox patient 24/7 for seven to 10 days.
- Select staff members who are willing to be vaccinated and provide care for smallpox patients. The vaccination program is voluntary.
- Consider that unvaccinated staff should be restricted from providing care or entering the immediate area in which a smallpox patient is located.
- Consider the following categories of staff for your team. These are not mandatory, and there may be others you will need on your team.
 - * ER staff – MDs, RNs, EMTs if needed for transports
 - * ICU staff – MDs, RNs
 - * General medical unit staff – MDs, RNs
 - * Specialist – infectious disease MDs, surgeon, anesthesia, pediatrician, dermatology, ophthalmology, pathology
 - * Infection control staff
 - * Respiratory therapy
 - * Radiology techs
 - * Phlebotomy
 - * Security
 - * Housekeeping
 - * Laundry

Preparing for Vaccination

- **Educate potential team members and other hospital staff.** Individual healthcare providers need complete and accurate information about smallpox and the vaccine to make informed decisions prior to volunteering to be part of a response team. The following topics are suggested for inclusion in your staff education plan:
 - * Smallpox disease
 - * Vaccine
 - * Vaccine contraindications
 - * Normal “take”
 - * Adverse reactions

Multiple facts sheets and other information for healthcare professionals are available on the CDC website at www.cdc.gov.

- **Screen candidates for contraindications.** In a pre-event vaccination plan, there are several contraindications to vaccination. The following conditions are considered contraindications to vaccination:
 - * Serious allergic reaction to previous smallpox vaccination or to the ingredients in the vaccine. Some vaccines contain polymyxin B, streptomycin, tetracycline, neomycin and phenol.
 - * Immunosuppression. Many medical conditions such as HIV infection, leukemia and steroid use cause immunosuppression.
 - * Pregnancy or a plan to become pregnant within four weeks.
 - * Breastfeeding.
 - * Eczema or atopic dermatitis or any previous history of such skin conditions.
 - * Members of the household with immunosuppression, eczema, atopic dermatitis or pregnancy.
 - * Anyone younger than age 18.
 - * Moderate or severe acute illness.

If an actual exposure to smallpox has occurred, there are NO contraindications to vaccination.

- **Obtain informed consent.** When vaccination candidates arrive at the vaccination clinic, they will again review information about the vaccine, adverse reactions, care of the vaccination site, etc. Experts will be available to answer questions. The candidates will then be required to give written consent to be vaccinated.

Following Vaccination

- **Site care and monitoring.** The vaccination site should be covered with a gauze dressing and semi-permeable occlusive dressing such as op-site or tegaderm. This will contain any drainage that carries the vaccinia virus. Long-sleeved clothing provides a second layer of protection. A designated, trained evaluator should inspect the vaccination site daily, checking for adequate dressing coverage and for any drainage that cannot be contained. Dressings should be disposed of as biohazard waste. Careful hand washing following contact with the vaccination site dressings is critically important in preventing accidental inoculation of additional sites or other persons.
- **Administrative leave and sick time.** As you determine your institution’s policy on administrative leave or sick leave in regard to smallpox vaccinations, consider the following issues:
 - * The low risk of transmission of vaccinia from recently vaccinated employees to others.
 - * The use of semi-permeable dressing, which has been shown to provide 100 percent containment of the virus in 97 percent to 100 percent of the cases tested.

- * High-risk patients throughout the hospital setting, as many patients have invasive devices providing breaks in the skin.
- * The availability of adequate staff if vaccinated healthcare workers are temporarily removed from the workforce.

The CDC does NOT recommend that vaccinated healthcare workers be required to take administrative leave. However, they may be physically unable to work for several days due to fever and malaise following vaccination. In addition, it will be up to individual facilities to decide how they wish to handle the issue of administrative leave and sick leave for smallpox vaccinees.

- **Worker's Compensation.** North Dakota Worker's Compensation has indicated that smallpox-related absences of more than five working days and medical care for adverse reactions will be covered.

We ask your cooperation with the regional bioterrorism directors as they develop the bioterrorism response plans. We are here to support you in this process and are happy to answer any questions you may have. Please feel free to contact Brenda Vossler, RN, CIC, bioterrorism hospital coordinator, or Tim Wiedrich, state bioterrorism director, by telephone at 701.328.2270 or by e-mail at bvossler@state.nd.us and twiedric@state.nd.us.